



Office Use Only	
Date Received	_____
Initial	_____
Amt. Paid	_____

**DEPARTMENT OF COMMUNITY DEVELOPMENT
BUILDING PERMIT APPLICATION EXTENSION REQUEST**

102 Roadrunner Drive
Sedona, AZ 86336
928-282-1154

OWNER: _____

BUILDING PERMIT NO: _____

MAILING ADDRESS: _____

PROJECT ADDRESS: _____

TYPE OF WORK: _____

CONTACT NAME & PHONE NUMBER: _____

The undersigned hereby requests a 180 day time extension for the above referenced Building Permit application pursuant to Section 105.5 of the International Residential Code & International Building Code.

Justification for this request is as follows: _____

Signature of Owner or Authorized Agent

Date _____

This request must be executed prior to the expiration of the building permit application. No permit can be extended more than once. Please be advised there is a \$50 fee due at the time an extension is applied for.

[] APPROVED FOR A 180 DAY TIME EXTENSION under the following conditions:

[] EXTENSION DENIED for the following reasons:

Director of Community Development

Date

Chief Building Inspector

Date

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